

MULTIPLE DEPEN
CLAI
FEE CALCULATION SHEET
(FOR USE WITH FO XTO-875)

SERIAL NO.

U / 574773

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.		DEP.		IND.			IND.		IND.		IND.		
	1		1		1		1		51		51		51	
2									52		52		52	
3									53		53		53	
4									54		54		54	
5									55		55		55	
6									56		56		56	
7									57		57		57	
8									58		58		58	
9			(1)						59		59		59	
10									60		60		60	
11									61		61		61	
12									62		62		62	
13									63		63		63	
14									64		64		64	
15									65		65		65	
16									66		66		66	
17									67		67		67	
18									68		68		68	
19			(1)						69		69		69	
20									70		70		70	
21									71		71		71	
22									72		72		72	
23									73		73		73	
24									74		74		74	
25									75		75		75	
26									76		76		76	
27									77		77		77	
28									78		78		78	
29									79		79		79	
30									80		80		80	
31									81		81		81	
32									82		82		82	
33									83		83		83	
34									84		84		84	
35									85		85		85	
36									86		86		86	
37									87		87		87	
38									88		88		88	
39									89		89		89	
40									90		90		90	
41									91		91		91	
42									92		92		92	
43									93		93		93	
44									94		94		94	
45									95		95		95	
46									96		96		96	
47									97		97		97	
48									98		98		98	
49									99		99		99	
50									100		100		100	
TOTAL IND.	1	↓			↓				TOTAL IND.	↓			↓	
TOTAL DEP.	26	←			←				TOTAL DEP.	←			←	
TOTAL CLAIMS	27	██████████			██████████				TOTAL CLAIMS	██████████			██████████	